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Testimony on AB620 Sub. Amendment 1

Welcome. I would like to thank everyone for attending today to discuss Assembly Bill 620, Substitute Amendment 1. This bill is the companion to Senate Bill 313 and the result of recommendations put forth by the Joint Legislative Council's Special Committee on Performance-Based Disease Management for Large Populations. I am proud to say I served on the committee and am eager to move this important piece of legislation forward. If enacted, these measures will reassert children's health as a top priority in Wisconsin.

Most importantly, this bill takes numerous positive steps towards decreasing rates of childhood obesity in our state. First, it directs public, private and charter schools to assess the physical fitness of each pupil enrolled in grades 3-12 annually. This assessment tests the aerobic capacity of each child and distributes the results to each parent or guardian. These steps will provide important information to parents and empower them to encourage healthy choices for their children.

Along with providing for fitness assessments, this bill will improve the nutritional content of school lunches. Currently, foods served to pupils through the USDA meal programs are required to meet a minimum level of nutritional value. Unfortunately, these requirements do not apply to foods sold "a la carte" or through vending machines. As a result, many children purchase foods outside the school lunch program, opting for snacks and junk foods that were never intended

to serve as meals. Unfortunately, many parents are unaware of these eating habits and mistakenly assume that their children are consuming healthy foods during the lunch hour.

To address this issue, the bill requires foods served a la carte to meet the same nutritional standards as those served through the meal program. No more, no less. It simply closes the loophole. Parents may still provide these foods and beverages if they wish. However with these new standards, schools will ensure that the nutrition education we teach is consistent as kids move from the classroom to the lunchroom.

Finally, in accordance with these nutritional requirements, schools will not be allowed to sell soda or candy during the school day. Student fundraisers are not affected by these changes, although they are encouraged to follow the same nutritional standards. Additionally, schools may still sell bottled water, milk and 100% fruit or vegetable juice through vending machines.

At this time, I want to briefly address why the day care provisions were removed from the original bill. The 2009-11 Budget Act contained language that requires the Department of Children and Families to establish a child care quality rating system. In this, the implementation plan includes indicators relating to health and nutritional activities. Therefore, since the goals we were aiming to accomplish have already been met, the provisions were redundant and no longer necessary.

The importance of these measures cannot be overstated. Wisconsin is fighting a battle with obesity and losing. This battle has been waged for years, but little progress has been made. As a result, one out of every four Wisconsin children is either obese or overweight. This has led to a rise in obesity-related illness and the emergence of many diseases previously known as entirely adult afflictions, such as type II diabetes, high blood pressure and gallstones. This trend

is troublesome not only because these children are more likely to become obese adults, but also because of their risk of social stigma, discrimination and mental illness.

Fortunately, this bill takes numerous positive steps in the fight against obesity. It provides for fitness assessments that give parents critical information on the health of their children. The nutritional standards close the a la carte loophole and maintain a healthy eating environment in schools. Some may argue that these steps are not enough to curb a problem as large as obesity. However, current science disputes this. For the vast majority of Americans, estimates attribute recent increases in obesity to the consumption of less than fifty excess calories daily. Additionally, data show that for each can of sugared soda consumed daily, a child's obesity risk increases 60%. Since 25% of our high school students drink at least one can of soda daily, this bill has the potential to make a significant dent in the problem.

In summary, this bill is a step in the right direction for children's health. I would like to thank Joint Legislative Council's Special Committee on Performance-Based Disease Management for Large Populations for their careful deliberation that resulted in these effective, practical solutions. The proposal reasserts the notion that meals served in schools have a lasting impact not just on kids' waistlines, but also their future choices and perception of healthy eating. It is our responsibility to ensure that the education we provide is not limited to just the classroom but also extends to the other venues throughout the school day, including the lunchroom. I am pleased to say that I believe this bill accomplishes just that. Thank you and I am open to any questions.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Tony Evers, PhD, State Superintendent

January 12, 2010
Assembly Committee on Public Health

Department of Public Instruction Testimony on
Assembly Substitute Amendment 1 to Assembly Bill 620

Thank you to Chairperson Benedict and members of the committee for the opportunity to testify before you today. My name is Jennifer Kammerud and I am the Legislative Liaison for the Department of Public Instruction (DPI). With me today is Jon Hisgen, Health Education and Physical Activity Consultant for the department. On behalf of State Superintendent Tony Evers I am here today to testify for information on Assembly Substitute Amendment 1 to Assembly Bill 620.

The department cannot overstate the importance of nutrition, health, and physical education in ensuring that every student has the opportunity to learn healthy habits and carry those habits forward both during and after their formal pre-K-12 education has been completed. The department's work to target obesity crosses teams and division as we coordinate our efforts in the areas of nutrition, health and wellness, and physical education. The goals of the substitute amendment, to ensure healthier foods are available to students and that schools are actively addressing physical fitness are in line with the department's work in this area and our efforts to make every child a graduate.

The DPI oversees nutrition programs for daycare, preschool, and school age children. The department serves healthy meals through the Child and Adult Care Food Program and the Summer Food Service Program. In addition, we oversee the federal school lunch, special milk, breakfast, after school snack, and fresh fruit and vegetable programs. All federal child nutrition programs for schools must adhere to the USDA Dietary Guidelines for Americans. These provide the requirements for the meal patterns used in the National School Lunch Program and the Breakfast Program. The School Meal Initiative Nutrient Analysis (SMI), which is a measure of consistency with the USDA Dietary Guidelines for Americans, is completed by DPI's public health nutritionists who are registered dietitians. They are required to analyze one week worth of menus from a school in each of our 425 school districts and all private schools every five years. Currently, USDA requires monitoring of calories, fat, saturated fat, protein calcium, iron, and vitamins A and C. As a state, we also monitor for sodium, dietary fiber, and cholesterol. Part of the SMI process includes consultative assistance by the public health nutritionists to develop improvement plans to meet nutrition standards. The department does not provide similar assistance to school districts for foods sold outside the USDA meal programs.

Per USDA regulation, schools also need to prohibit the sale of foods in the categories of minimal nutritional value and control the sale of any competitive foods in the food service areas during the designated meal periods. The rationale for this is that the availability of foods sold in competition with school meals jeopardizes the nutritional effectiveness of the programs and may

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be a contributor to the trend of unhealthy eating practices among children and subsequent health risks. The substitute amendment carries this rationale forward to other foods and drinks sold at school or on school grounds by creating nutritional requirements, prohibiting the sale of soft drinks, and encouraging school fundraisers to follow these nutritional requirements.

Wellness policies became a USDA requirement for all schools to implement by the 2006-07 school year. Wellness policies have helped schools to address factors that contribute to childhood obesity, but schools have needed extensive education and support to meet and implement all the policy requirements. These policies must include:

- Goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness;
- Nutrition guidelines selected by the district for all foods available on school grounds during the school day with the objectives of promoting student health and reducing childhood obesity; and
- A plan for measuring implementation of the local wellness policy.

The department does not regulate wellness policies, but we do provide guidance. School districts are not required to report their policies to the department and the department currently has no oversight authority in regards to these policies. As a result, while the department believes many school districts have made significant changes to the nutritional value of foods and drinks available on school grounds, we do not have any data to share with you today as to the status of those efforts.

The substitute amendment also requires an annual evaluation of all students grades 3-12 for aerobic capacity and for the state superintendent to develop rules to determine exceptions to the evaluation and the assessment instrument to be used. While physical education is required under statute, there are currently no state requirements for assessments of aerobic capacity.

Physical education is required to be provided at least three times per week in grades K-6 and weekly at the middle school level. In high school access must be provided to all students in grades 9-12 and 1.5 credits are needed for graduation. These credits are to be earned over three separate years. Given the high school requirements an annual evaluation, depending on the assessment instrument used, may pose administrative issues for students who do not take physical education one year in high school.

The only current effort underway by the department to evaluate the aerobic capacity of students is a voluntary program called the FitnessGram physical fitness test. This is an effort done in conjunction with the University of Wisconsin as part of a three-year grant targeted towards middle schools. The FitnessGram is a software program that costs around $350 per school and is comprised of four tests: body mass index measurement, a quasi-sit-ups abdominal strength test, a flexibility test, and the Progressive Aerobic Cardiovascular Endurance Run (PACER). The PACER is a 20 meter shuttle run. Age and gender norms have been developed for these tests.

Schools do, however, use a variety of physical fitness assessments to evaluate students. We estimate that 30 to 40 percent of schools use the FitnessGram. However, schools also use the

President's Challenge or self-designed assessments. The President's Challenge is a physical fitness test that recognizes students for their level of physical fitness in 5 events: curl-ups or partial curl-ups, shuttle run, endurance run/walk, pull-ups or right angle push-ups, and V-sit or sit and reach. Students who score above the 50th percentile receive a Presidential Physical Fitness Award.

The department looks forward to working with the committee further on the issue of student health and nutrition and thanks you for the opportunity to testify before you today. We would be happy to answer any questions you may have.

State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

Assembly Committee on Public Health - AB 620
January 12, 2010
Rachel Currans-Sheehan, Executive Assistant
Jon Morgan, Physical Activity Coordinator and
Amy Meinen, Nutrition Coordinator, Nutrition, Physical Activity, and Obesity Program

Chairman Benedict and members of the committee, thank you for the opportunity to testify on this important piece of public health and education policy legislation.

I am here today with staff members of the Department's Nutrition, Physical Activity, and Obesity Program, which is funded through a 5-year Cooperative Agreement with the Centers for Disease Control and Prevention. The Program and its partners provide leadership on statewide obesity prevention initiatives as outlined in the *Wisconsin Nutrition and Physical Activity State Plan*. Program staff provided expertise during the recent Legislative Council Study from which this bill resulted.

Unhealthy eating and inactive lifestyles are primary causes of obesity. Over the past few decades Wisconsin has experienced an obesity epidemic. Sixty-four percent of Wisconsin adults are overweight or obese. With respect to youth, 32% of Wisconsin third graders and 23% of Wisconsin high school students are already overweight or obese. After age 6, obese children have a greater than 50% chance of becoming obese adults.

Reducing the prevalence of obesity through healthier eating and physical activity is a high priority for the Department of Health Services. The Healthiest Wisconsin 2010 and 2020 State Health Plans, led by the Department, have highlighted the importance of addressing obesity. Obesity is a leading cause of many chronic diseases and youth are being affected earlier in life. One study estimates that 70% of obese young people had one risk factor for cardiovascular disease and 39% had at least 2 additional risk factors. Children and adolescents account for 50% of the new type 2 diabetes cases in some communities. Furthermore, the estimated health care cost attributable to obesity in Wisconsin adults is $1.5 billion. If the obesity rate continues to climb in Wisconsin, costs are projected to quadruple within the next decade.

In terms of health disparities, students of color and of lower socio economic status are at greatest risk for obesity. Thirteen percent of White third grade students are obese compared to 22.5% of Black and 32.9% of Hispanic students. In this same population, schools with less than 25% free and reduced lunch participation have an obesity rate of 12%; conversely, schools with more than 75% participation have an obesity rate of 27%. In Milwaukee Public High Schools, the rate of overweight and obesity is 37% compared to the state value of 23%. Milwaukee Public High Schools have more than four times the percentage of minority students and about triple the percentage of students eligible for the free and reduced lunch program.

Solving the obesity problem will require multiple groups coming together to address it through policy and environmental changes where we live, work, learn and play. Students spend a significant amount of time in school and consume between 1/3 and 2/3 of their daily meals and snacks there. Research suggests increasingly that academic performance is impacted by good nutrition and adequate physical activity.

The policy objectives of AB 620, increasing physical activity in schools and decreasing consumption of sugary high caloric foods, are supported by obesity prevention literature and in line with Healthiest Wisconsin 2010 and 2020 goals. It is also clear that policies leading to environmental changes, rather than relying exclusively on individual behavior change are more effective in setting new behavior norms and improving health behaviors. **The policy mechanisms of AB 620, the implementation of testing mandates for schools and prohibition of sales of certain products in schools, fall outside of DHS' regulatory purview. DHS does not regulate schools and defers to our partner agency, the Department of Public Instruction, and school districts regarding public comment on the policy mechanisms outlined in AB 620.**

School Fitness Assessments

Only half of Wisconsin high school students meet the minimum physical activity recommendation of 60 minutes per day. A recent survey showed that 90% of Wisconsin schools are already doing some type of fitness testing. Approximately 40% of schools are already using that Fitnessgram software. The cost of software is relatively low for schools ($300: 1 site only) or school districts ($1,500-multiple sites). Fitnessgram software helps schools provide high quality, cost effective physical education through regular student fitness assessments and uses the data to best plan curriculum and structure physical activity to meet the needs of their student populations.

Other states have already done what is being proposed in this bill including California and West Virginia. Approximately 25% of states have required fitness testing and body mass index assessments.

School Nutrition Standards for Competitive Foods

Research shows that when unhealthy foods are easy to obtain, students make less healthy choices. Sixty percent of Wisconsin middle and high schools sell unhealthy foods like soda, candy, chips, cookies, or snack cakes, yet only 14% of these schools consistently offer fruits or non-fried vegetables in vending machines, school stores, and during celebrations. Moreover, fewer than one in five Wisconsin high school students report eating fruits and vegetables five times a day.

Nutrition standards make sense for many reasons:

1. When competitive foods are sold to students they displace fruits, vegetables and other healthy foods since what is available influences what students eat.
2. Research shows that good nutrition is not only essential to obesity prevention and to healthy growth and development, but also to academic achievement.
3. The *Nutrition Standards for Foods in Schools* released by the Institute of Medicine in 2007, states that competitive foods should be limited in schools.

Several Wisconsin school districts are beginning to address competitive foods and beverages. Furthermore, 27 other states have already adopted similar competitive food and beverage policies. All Wisconsin students should have access to healthy foods and beverages at schools. Improving the food environment in schools is a feasible and effective way to improve student health.

In conclusion, Wisconsin has a serious obesity problem and increasing physical activity and decreasing consumption of high caloric foods to decrease obesity in school-aged youth in Wisconsin is good public health policy. However, AB 620 is not simply a public health policy bill, but also an education policy bill requiring changes to how schools do business. While we support from a public health perspective, we recognize education policy experts may have other perspectives on the impact of this bill on Wisconsin's schools.

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Public Hearing re. 2009 Assembly Bill 620
Committee on Public Health

Thank you for the opportunity to speak to you today.

My name is Doug Wubben. I am the Farm to School Specialist with the UW-Madison Center for Integrated Agricultural Systems. I am also the parent of a nine-year old daughter in the Madison School District. I would like to comment on the topic of school nutrition standards for competitive foods.

I have been working with school meal programs in Wisconsin since 2004 as they work to improve their programs, usually by increasing the amount of fresh fruits and vegetables served to their students. What motivates my work is the fact that we have elementary students with heart disease, more than 1/3 of our children at risk for diabetes, and that these diseases can be mitigated by diet.

Farm to School is one strategy schools are using to increase interest in and consumption of fresh foods by bringing in fruits, vegetables, and other foods produced by their local farms and orchards. Local purchasing combined with education about the foods and farmers who grew them can be a powerful tool in helping students learn to make healthy choices.

Despite stagnant reimbursement rates and rising food and staffing costs, many school districts are working hard to provide healthful meals. They're serving local apples through the fall, pumpkin soup right out of the pumpkin, and ratatouille topped pizza made in the summer from local vegetables and frozen for use during the school year.

Getting students to eat healthy options for lunch is more difficult when there's an abundance of empty calories available in the form of potato chips, soda, and candy. Creating standards for these competitive foods will contribute to the success of these school meal programs' efforts by creating a level and consistent playing field from which to serve healthful food to students.

Most of my work has taken place in schools with high percentages of low-income students. The sale of competitive foods is especially harmful for these students. If students from families with limited budgets eat less healthy snack food instead of a free or reduced-price school meal, they lose out nutritionally in a much bigger way than their more affluent peers who make the same kind of choices but are more likely to be able to obtain healthy foods in other ways.

School meal programs have shown that unhealthy a la carte items can be replaced or eliminated with neutral or even positive impact on their budgets. Schools have shown they can create similar sales in vending machines using healthier items.

*A school district in North Dakota required the school nutrition environment align with health messages being taught in classrooms. I believe this to be a sound approach and one that students will recognize as having integrity.

Thank you.

Doug Wubben, Farm to School Specialist
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Expert Testimony to the Committee on Public Health, Wisconsin State Assembly Regarding AB620

I have been a researcher and educator in the field of nutrition for the past 40 years. During that time, I have become increasingly concerned with trends that negatively affect the nutritional health of children in Wisconsin and across the country. I was also part of a Legislative Council study group that recommended stricter standards for foods and beverages in schools and child care programs. A number of the high priority recommendations from the Legislative Council study group are reflected in AB620.

As policy makers, I want you to know that nutrition has strong and long-lasting effects on children's development and that good childhood nutrition helps children learn better and promotes strong, healthy bodies. I also want to point out that eating habits and taste preferences are formed in early childhood and become the basis for lifelong eating behaviors.

Foods and beverages that are served and made available to our children will have lasting effects on health. This proposed legislation (AB620) recognizes that basic principle and sets specific, achievable standards that are necessary to promote good nutrition, along with physical activity, in schools and child care programs.

Following are some basic facts that relate to the proposed legislation:

- In 2007, approximately 1 of every 4 Wisconsin high school students was either overweight or obese (Liebhart, 2008).
- One of every eight preschool-aged children participating in the Wisconsin WIC program in 2006 were obese and almost one of three was overweight or obese (Liebhart, 2008).
- A recent editorial in the *New England Journal of Medicine* refers to child obesity as a "looming crisis" that demands immediate and focused attention (Ludwig, 2007)
- Obesity and poor nutrition have strong fiscal ramifications. The estimated health care costs that are attributable to obesity in Wisconsin adults amount to $1.5 billion per year (Finkelstein 2003).
- Cost-effective societal benefits have been documented for school-based obesity prevention programs (Wang 2008).
- The Wisconsin Nutrition and Physical Activity State Plan provides a framework for obesity prevention in Wisconsin and identifies improved school and child care nutrition as a priority in efforts to reduce the obesity burden on our state (WI PAN, 2005).
- The rules and regulations governing foods that are made available to children in our schools and child care programs are just as important to their overall development and future productivity as are regulations in other aspects of child development, such as early mastery of language, science and math.
- The American Dietetic Association, the Society for Nutrition Education, the American Academy of Family Physicians, the American Academy of Pediatrics, the U.S. Surgeon General's office, U.S. Department of Agriculture, and the U.S. Department of Health and Human Services are a few examples leading experts in health and nutrition who are urging action to promote healthy eating for our nation's children and recommending policies and programs to improve nutrition for children in schools as well as their homes and communities.

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Respectfully submitted by:

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January 12, 2010

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SCHOOL NUTRITION ASSOCIATION OF WISCONSIN

Making the right food choices, together.

TO: Chairman Benedict and members of the Assembly Public Health Committee
FROM: Karen Brummer - Legislative Chair, School Nutrition Association of WI
DATE: January 12, 2010
RE: ***Assembly Bill 620*** – School Nutrition Legislation

The School Nutrition Association of Wisconsin (SNA-WI) believes school nutrition programs are an integral part of education and are vital in developing the full potential of Wisconsin students. Our members appreciate legislative efforts to improve school nutrition, and we believe Assembly Bill 620 is well-intentioned policy that would help improve the health and wellness of Wisconsin students.

Under AB 620, Wisconsin schools would be required to follow certain nutritional requirements for food sold outside of federally reimbursed USDA meal programs (i.e., a la carte items). For example, the legislation would limit the amount of calories from fat and saturated fat in food items and prohibit the sale of soft drinks and candy in vending machines on school grounds. In addition, the bill would require schools to annually assess the physical fitness of students in grades 3 through 12.

While SNA-WI supports the general concept of AB 620, we would ask you to consider making the following modifications to this important legislation:

1. AB 620 would require food sold outside of federally reimbursed USDA meal programs to contain no more than 30% of it calories from fat. **SNA-WI believes the fat limit under the bill should be changed to 35%.** According to the Dietary Guidelines for Americans, a fat intake of 25 to 35% of calories is recommended for children ages 4 to 18. This change would provide students with a wider range of healthy food options and allow school nutrition programs to better meet the needs of their customers/students.
2. AB 620 exempts nuts and seeds from the fat limit requirement. **SNA-WI believes the bill should also exempt dairy products from the fat limit requirements.** Dairy products are an excellent source of protein and calcium and should be encouraged as part of a student's diet.
3. AB 620 would prohibit schools from selling any beverage on school grounds during the school day other than: 1.) Water; 2.) Milk; or 3.) 100% fruit or vegetable juice. **SNA-WI believes the sale of other low-calorie beverages should be allowed under AB 620 if they:** 1.) Are not a "soft drink" as defined by the bill; 2.) Are non-caffeinated; and 3.) Contain no more than 40 calories per 12 ounces. This change would allow students more beverage options and school districts access to a much-need revenue stream.
4. **SNA-WI believes AB 620 should apply the standards included in the legislation to foods sold to students as part of a classroom project or by a student club.**

The School Nutrition Association of Wisconsin strives to be a comprehensive school food service resource for child nutrition in Wisconsin, and our members are committed to advocating for properly-funded, quality nutrition programs for all students. With that in mind, SNA-WI supports the concept of AB 620 and its goal to improve school nutrition standards in Wisconsin.

However, SNA-WI and our 1,250 members across the state would urge you take into account our proposed changes to AB 620 before you take further action on this legislation. Thank you for your thoughtful consideration of our request.

School Nutrition Association of Wisconsin – ***Making the right food choices, together***
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SCHOOL NUTRITION ASSOCIATION WISCONSIN

Testimony on Assembly Bill 620

Assembly Public Health Committee

January 12, 2010

Renee Slotten-Beauchamp R.D., C.D.

Thank you, Mr. Chairman and members of the Committee. My name is Renee Slotten-Beauchamp. I am a Registered Dietitian and Director of School Nutrition Programs for the Sun Prairie Area School District. I am testifying today on behalf of the School Nutrition Association of Wisconsin for information only on Assembly Bill 620.

The School Nutrition Association of Wisconsin – a state chapter of the national School Nutrition Association – is a nonprofit professional organization representing nearly 1,250 members who provide high-quality, low-cost meals to students across Wisconsin.

SNA-WI believes school nutrition programs are an integral part of education and are vital in developing the full potential of Wisconsin students. Our members appreciate legislative efforts to improve school nutrition, and we believe Assembly Bill 620 is well-intentioned policy that would help improve the health and wellness of Wisconsin students.

Under AB 620, Wisconsin schools would be required to follow certain nutritional requirements for a la carte food items sold outside of federally reimbursed USDA meal programs. For example, the legislation would limit the amount of calories from fat and saturated fat in food items and prohibit the sale of soft drinks and candy on school grounds during the school day. In addition, the bill would require schools to annually assess the physical fitness of students in grades 3 through 12.

While SNA-WI supports the general concept of AB 620, we would ask you to consider making the following modifications to this important legislation:

1. The bill would require food sold outside of federally reimbursed USDA meal programs to contain no more than 30% of it calories from fat. **SNA-WI believes the fat limit on food items under AB 620 should be changed to 35%.** According to the Dietary Guidelines for Americans, a fat intake of 25% to 35% of calories is recommended for children ages 4 to 18.

   This change would provide students with more a la carte food options, such as trail mix and granola bars – many of which could not be sold under the 30% fat limit. Allowing these items would provide a wider variety of healthy options for our students and allow school nutrition programs to be more customer-focused.

2. AB 620 exempts nuts and seeds from the fat limit under the bill. **SNA-WI believes AB 620 should also exempt dairy products from the fat limit requirement.** Dairy products are an excellent source of protein and calcium and should be encouraged as part of a student's diet.

3. AB 620 would prohibit schools from selling any beverage on school grounds during the school day other than: 1.) Water; 2.) Milk; or 3.) 100% fruit or vegetable juice. **SNA-WI believes the sale of other low-calorie beverages should be allowed under AB 620, as long as they are not a soft drink as defined by the bill, are non-caffeinated and do not contain more than 40 calories per 12 ounces.** This change would allow students more beverage options in portion appropriate sizes and be similar in caloric content.

4. **Lastly, SNA-WI believes the nutritional standards under AB 620 should also apply to foods sold to students and school staff as part of a classroom project or by a student club.** This would close a loophole that defeats the purpose of the bill. SNA-WI stresses that the nutritional message should be a consistent message during the course of a school day regardless of where or from whom a student is

purchasing a food product. It would also avoid the potential problem of school nutrition programs competing for much-needed revenue on an unlevel playing field.

SNA-WI strives to be a comprehensive school food service resource for child nutrition in Wisconsin, and our members are committed to advocating for properly-funded, quality nutrition programs for all students. With that in mind, SNA-WI supports the concept of AB 620 and its goal to improve the nutritional integrity of the foods we provide in schools to the children of Wisconsin. .

However, we would urge you to take into account SNA-WI's proposed changes to AB 620 before you take further action on this legislation. Thank you for your thoughtful consideration of our request. At this time, I would be happy to answer any questions.

January 5, 2010

TO:

Representative Chuck Benedict (Chair)

Representative Sandy Pasch (Vice-Chair)

Representative Kristen Dexter

Representative Penny Bernard Schaber

Representative Patricia Strachota

Representative Leah Vukmir

Representative Scott Newcomer

Re: AB 620

Dear Members of the Public Health Committee,

I am writing today to express my enthusiastic **support for AB 620.** As a registered nurse, public health professional and a mother of two elementary age children I believe this financially neutral legislation will help support healthy environments in schools, and provide much needed outcome and baseline measures for childhood physical fitness.

As a volunteer at my children's school, I worked with the Northside Nutrition and Fitness committee to bring in healthy local fruit and vegetable food tasting(s), and support physical activities whenever possible. Our school has several times received the Governors School Health Award and has a very active PTA that supports many physical fitness initiatives like Girls on the Run and the Dolphin Dash (running program at lunch time). This type of legislation will help good schools become great, and fair schools become better. The over-taxed school personnel do their best and legislation like this will further protect the health and well being of our students. Healthy food in school should be the floor not the ceiling of where we want to go. Additionally we should look at the health and nutrition education requirements for our schools, who is teaching that and what form of interactive methods we use to engage students.

As a parent I have been somewhat disappointed with the lack of consistent performance measures that come from our schools. We mostly get 'x' 's or a letter grade that has a vague definition. These non-descript measures do little to show where the child is compared to their peers. I believe our school system needs to create a system that allows parents to see where their children are compared to peers, state, and national averages. Fitnessgram is a great teacher-friendly analytic tool that can facilitate performance measurement and provide graphs, etc for the parents. Without having a baseline of where all WI third graders are at, we have no idea what public health interventions are needed (obesity measures, etc), and how our state compares to the rest of the nation.

I believe this legislation to be a great first start to making Wisconsin a better place for our children. Please pass AB 620.

Warm regards,

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To: Assembly Committee on Public Health
RE: AB 620

According to the CDC, "Obesity is a serious health concern for children and adolescents. Data from NHANES surveys (1976–1980 and 2003–2006) show that the prevalence of obesity has increased: for children aged 2–5 years, prevalence increased from 5.0% to 12.4%; for those aged 6–11 years, prevalence increased from 6.5% to 17.0%; and for those aged 12–19 years, prevalence increased from 5.0% to 17.6%." Obesity is a leading cause of chronic disease that costs billions of dollars each year. Annual fitness testing can help identify the prevalence of obesity and inactivity in Wisconsin schools and can help that school's educators address any current issues or concerns by modifying existing physical education and activity classes to help improve the students' health and school performance.

Fitness testing also has benefits at state, community, family and individual levels. Assessing the fitness levels of all schools in Wisconsin can also help provide accurate data showing state obesity and physical fitness levels for comparison to national and other data. Monitoring the fitness status of school children can also help establish a baseline to use when comparing results from new programs or initiatives within schools. Data collected from fitness testing can also be used at a community level. The community can examine the overall health and physical fitness levels of school children in the community and if needed, develop programs and activities to foster improvement.

Under this bill parents are also provided with a copy of the child's fitness results; providing parents with a copy of the fitness test results can help encourage parents to address the situation at home in addition to in the schools and community. Parents may gain new insights into their child's wellbeing and become aware of issues they may have otherwise overlooked. This can help bring about change at family level as well as in the schools.

Benefits can also be seen on an individual level. If a student views their fitness scores and decides to increase their physical activity as a result, the next year's fitness score can help show them the benefits of the changes they have made. It's also important to note that the FitnessGram tests do not "grade" a child on athletic ability. According to www.fitnessgram.net "The FITNESSGRAM physical fitness assessment is based not on athletic ability, but on good health. No matter what your children grow up to become, they will live happier, more productive lives if they are healthy--and physical fitness is vital to overall health. FITNESSGRAM provides accurate and reliable information about your child's level of physical fitness."

The FitnessGram program examines multiple aspects of a child's fitness level. It includes BMI, muscle strength and endurance, flexibility and aerobic capacity for a more in depth assessment of overall physical fitness. The FitnessGram website (www.fitnessgram.net) states "The FITNESSGRAM test (and report) includes a number of different assessments because fitness has multiple components. Some kids may have good muscular fitness but need improvement on aerobic fitness. By having a complete report, you (and your child) will know more about their overall level of physical condition and how it can be improved."

In conclusion, required annual fitness testing requires a relatively small amount of time compared to the great rewards it can bring to the children, schools and people of Wisconsin. According to www.fitnessgram.net "It is also important to point out that FITNESSGRAM testing need not take time away from academic subjects. Most physical education teachers use fitness assessments as part of their normal instruction, so additional class time is not needed to complete the testing. Depending on class size, the FITNESSGRAM test battery can be completed in 3 or 4 class periods, and the assessments help reinforce students' learning of fitness concepts that are part of the overall physical education curriculum."

Maggie Kogler
La Crosse, WI

NASBE
NATIONAL ASSOCIATION OF
STATE BOARDS OF EDUCATION

January 12, 2010

To:

Representative Chuck Benedict (Chair)

Representative Sandy Pasch (Vice-Chair)

Representative Kristen Dexter

Representative Penny Bernard Schaber

Representative Patricia Strachota

Representative Leah Vukmir

Representative Scott Newcomer

RE: Written Testimony for AB620

Chairman Benedict and members of the committee:
Thank you for this opportunity to submit testimony for Wisconsin bill AB620 which seeks to encourage fitness testing and the creation of nutrition standards for schools in the state. As a director in the Center for Safe and Healthy Schools, I work with states and the federal government to promote healthy school environments for our nation's children.

Over a third of our children and youth are overweight or obese and more than 60% of our adults can be classified as obese or overweight. In Wisconsin over 23% of the students are obese or overweight. Not only are there health costs such as diabetes, heart disease but also economic drains of over $1.5 billion to Wisconsin citizens as well as academic consequences. There is a growing body of research to support that children who are obese have greater absentee rates and lower academic achievement. Therefore, more has to be done immediately to change these outcomes for children and youth in Wisconsin.

Competitive food standards are a critical component to address obesity prevention. Over 60% of Wisconsin middle and high schools serve junk foods like candy, soda, and other unhealthy snacks. When the food is available, students will purchase it. Students

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Brenda Lilienthal Welburn
Executive Director

who purchase competitive foods consume over 277 calories per day from those foods. Of that, 177 calories are from junk foods- therefore over the school year, a child in Wisconsin could eat over 31,850 calories or about NINE pounds from competitive junk food alone. If that same child went through the 12 years in the Wisconsin school system, they could consume over 109 pounds from junk foods alone. It's these small numbers that add up to bigger problems for our children.

The standards identified in the bill are an important first step in addressing this issue. And, it is possible to do without affecting revenue. Several states such as Oregon, Mississippi and West Virginia have already banned sodas and unhealthy beverages, reduced calories and fat content of snacks, required whole grains and fruits and vegetables to be more available and are moving on to address sodium and marketing. West Virginia surveyed their principals and over 80% of them responded that changing their nutrition standards did not affect revenue. In fact, in California and Connecticut, studies have shown a sharp increase in school lunch participation after standards were in enacted, which is where we want students to get their meals from- not the vending machine or a la carte lines.

Wisconsin students should not be left behind. Reducing the availability of unhealthy foods like candy and sugary beverages and replacing them with items like milk and fruits and vegetables will help ensure that all students have access to healthy foods to help them grow and learn.

Respectfully,

Elizabeth M. Walker
Director
Center for Safe and Healthy Schools

Health Department
County of La Crosse, Wisconsin
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La Crosse, Wisconsin 54601-3228
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Public Health
Prevent. Promote. Protect.

Obesity is a leading cause of chronic disease and is a serious issue for both children and adults. Annual fitness testing can help identify the prevalence of obesity and inactivity in Wisconsin schools and can help school educators address any current issues or concerns by modifying existing physical education to help improve the students' health and school performance.

Fitness testing has benefits at state, community, family and individual levels. Assessing the fitness levels of all schools also provides accurate data on state obesity and physical fitness levels for comparison to national and other data. At a community level the health and physical fitness levels of school children can be made known and, if needed, programs and activities can be developed to foster improvement. Under this bill parents and families also benefit; providing parents with a copy of the fitness test results may encourage parents to address the situation at home in addition to in the schools and community. Parents may gain new insights into their child's wellbeing and become aware of issues that otherwise may have been overlooked. At an individual level, a student may make positive changes in their own life after viewing their fitness scores.

It's important to note that the Fitness Gram tests do not "grade" a child on athletic ability. According to www.fitnessgram.net "The FITNESSGRAM physical fitness assessment is based not on athletic ability, but on good health. No matter what your children grow up to become, they will live happier, more productive lives if they are healthy--and physical fitness is vital to overall health." The Fitness Gram program examines multiple aspects of a child's fitness level.

In conclusion, required annual fitness testing requires a relatively small amount of time compared to the great rewards it can bring to the children, schools and people of Wisconsin. According to www.fitnessgram.net "It is also important to point out that FITNESSGRAM testing need not take time away from academic subjects. Most physical education teachers use fitness assessments as part of their normal instruction, so additional class time is not needed to complete the testing. Depending on class size, the FITNESSGRAM test battery can be completed in 3 or 4 class periods, and the assessments help reinforce students' learning of fitness concepts that are part of the overall physical education curriculum."

Al Graewin, CHES, Health Education Manager
LaCrosse County Health Department

January 12, 2010

Dear Representatives Benedict, Pasch, Dexter, Schaber, Strachot, Vukmir, Newcomer, Pocan and Other Wisconsin Representatives:

As a school nursing assistant in the MMSD I am very excited to see some proactive steps being taken to help Wisconsin children improve their health with AB620

I see on a daily basis the poor state of health of our children, it is a sad sight watching a child attempt to tie a shoe lace who is so heavy they can't bend over, or hear a child say they had chips and soda for breakfast, or go into a gym class and see children having to walk instead of run due to their lack of fitness.

It seems we have become accepting of obesity and lack of fitness as a society, too many adults do not set good examples of how to eat and how to enjoy exercise. As schools we work with children 7-8 hours a day, and while we are not a replacement for parents, we can be a place to learn about health and wellness, if we have programs in place that are universal and have guidelines we can give children ideas and alternatives to the unhealthy suggestions they get from television and other media.

We need to start looking at our long term health, if we do not make drastic changes in our lifestyles we will have generations of people with serious long term health issues, which will affect all of us with health care costs, productivity and living full happy lives.

This bill is vital to the future of Wisconsin, please consider it very seriously.

Sincerely,

Martha Coughlin
marthacoughlin512@gmail.com

Passing a test for child fitness

Wisconsin has an important opportunity to take a big step toward better fitness for our state's children.

On Tuesday January 12, the Wisconsin legislature will hold a public hearing on a bill to implement statewide school-based fitness testing. We agree that having objective assessments of fitness in all Wisconsin children is sound and sensible health policy.

In Wisconsin and throughout the nation, childhood obesity and poor fitness are growing problems that will lead to early development of diabetes, heart disease and other health problems for many children. If current trends continue, the current generation of children has been projected to be the first to have a shorter average life span than their parents. This would be a disgraceful legacy, the thought of which should impel us to take action, individually and collectively, to help all children to live healthier lives.

Research clearly demonstrates that physical fitness and weight are both important predictors of good health. Unfortunately, on average, Wisconsin children are less physically active than ever before: Only 50 percent of high school students meet the requirement for 60 minutes of being physically active per day, and 25 percent are significantly overweight. Thus, programs that improve physical fitness and prevent excessive weight gain early in life are among the most important investments we can make in the future health of Wisconsin's children.

Designing, implementing, and evaluating such programs depend on having both the tools and opportunity to assess these health indicators. Reliance on obesity measurements such as body mass index (BMI) alone is inadequate because it discounts the importance of fitness and can be misleading in athletic children with high muscle mass. On the other hand, we now have more practical and precise techniques and standards than the Presidential Physical Fitness Tests of the past.

Schools are excellent settings for not only assessing but also promoting childhood fitness. Together with the Department of Public Instruction, our research group showed that implementation of a valid fitness testing program in schools is achievable during PE class, effective at promoting increased activity, and capable of improving health. In the state of Wisconsin, however, no physical fitness testing of any kind is currently required.

Understandably, our children's fitness-improvement needs would be a critical impetus for parents, communities and policy-makers to begin work together to create safe and accessible environments that help kids to be physically active. We urge Wisconsin's leaders, by passing this bill, to support improving and monitoring childhood fitness, and by doing so, further strengthen Wisconsin's commitment to the health of its children.

Aaron Carrel, MD and David Allen, MD
Department of Pediatrics
University of Wisconsin School of Medicine and Public Health

Physical Fitness Assessments in Schools
Talking Points and Background Information

Wisconsin Kids Aren't Physically Active

- **Only half of Wisconsin high school students met the minimum physical activity recommendation of 60 minutes per day.** [1] (moderately active for a total of at least 60 minutes per day on five the last 7 days).
- **Physical inactivity is a major cause of obesity and obese children are much more likely to become obese adults.** Since obese children are more likely to become obese adults, intervening early will help with long term costs.
- **23% of WI high school students are already overweight or obese.** [1] (overweight (14%) , obese (9%)

Inaction is Costly

- **Obesity is a leading cause of many chronic diseases.**
- **The estimated health care cost attributable to obesity in WI adults is $1.5 billion.** [2] Since obese children are more likely to become obese adults, intervening early will help with long term costs.
- **If the obesity rate in WI continues to climb at its current rate, costs are projected to quadruple within the next decade.** [3]

Wisconsin Needs a Physical Fitness Assessment

- **To provide high quality, cost effective physical education.**
  Schools can use the results to tailor their physical education programs. Schools will have access to regular assessment of their pupils' physical fitness and can use this data to best plan curriculum and structure physical activity for their student populations. Schools may also be able to use the results to seek funding for health related programming or resources.
- **To improve academic performance. Fit students do better academically.**

  Results from two major 2009 studies of more than 2.4 million public school students in Texas and 1.1 million students within the New York City Department of Education show an association between higher physical fitness scores and higher academic test scores among students.
- **To strengthen parent/school partnership in promoting children's health.**

  Individual pupil data will be shared with parents, facilitating better school-parent communication and allowing parents to react as appropriate in addressing any concerns regarding child's fitness capacity/ability and provides an opportunity for early intervention in obesity prevention. Only aggregate data will be sent to DPI.

  School-based BMI assessment programs used for individual health screening purposes are not recommended unless there is careful consideration of privacy issues, adequate training, measurement techniques, parental notification, adequate evaluation, and the importance of linking families/caregivers with resources in the community.
  To reduce the risk of harming students, BMI measurement programs should adhere to the following safeguards:
  (1) Introduce the program to school staff and community members and obtain parental consent,
  (2) Train staff in administering the program (ideally, implementation will be led by a highly qualified staff member, such as the school nurse),

(3) Establish safeguards to protect student privacy,
(4) Obtain and use accurate equipment,
(5) Accurately calculate and interpret the data,
(6) Develop efficient data collection procedures,
(7) Avoid using BMI results to evaluate student or teacher performance, and
(8) Regularly evaluate the program and its intended outcomes and unintended consequences.
http://www.cdc.gov/HealthyYouth/obesity/BMI/pdf/BMI_execsumm.pdf

- **To collect statewide data to inform policies and programs to improve children's health.**

  The availability of this comprehensive, statewide data will fill a gap in current demographic and health data for school-aged children, therefore contributing to the public health evidence base and allowing public health practitioners and school administrators and staff to better design and implement prevention interventions. The existence of school- and district-specific data will allow for targeting of prevention programs and the best use of limited financial and personnel resources.

It Can Be Done in Wisconsin

- **A good fitness test already exists (Fitnessgram).**

  Through DPI's three-year pilot project, the FitnessGram physical fitness test that was administered in volunteering middle schools was determined by the University of Wisconsin to be a good measure of fitness and a good indicator of diabetes risk. The cost of the software and materials is only about $300 per school. The cost for the "server version", which could be used in all the schools in a district is 1,500.

- **Many Wisconsin schools (39%) are already doing fitness testing using Fitnessgram .** [4]

  A survey of Wisconsin schools done in 2006 and 2007 showed that 90% (2006) to 93% (2007) of schools were already doing fitness testing and many (47% 2006, 39% 2007) were already using FitnessGram.

- **Fitness testing is already being done in over 25% of other states.**

  In 2000, 26 percent of states required schools to screen students for height and weight or body mass; of these, 61 percent required them to notify parents of the results. Among school districts, 38 percent required such screening, of which 81 percent required parental notification. Taking these measures annually and converting them to an age and gender-specific BMI percentile for each child makes it possible to monitor individual children over time. It also provides an opportunity for early intervention in obesity prevention.

  A 2008 study by Morrow et al indicates that the prevalence of fitness test use is 65% across all school levels. Other information from state initiatives is summarized below:

  In 2008, at least 8 states considered legislation related to student body mass index or fitness screening including Florida, Georgia (fitness screening), Maryland, Minnesota, New Jersey, New York, Oklahoma and Vermont. Of those states, New York made an appropriation of $1,980,000 for expenses related to reporting body mass index on school physical forms, and two states, Oklahoma and Vermont, passed legislation in 2008 that will require the development of student body mass index (BMI) screening tools. Oklahoma's requirement is part of a more comprehensive student fitness assessment. In addition, in 2008, Maryland legislators established a multi-disciplinary committee on childhood obesity to provide recommendations to the governor and the General Assembly on topics including methods to increase the rate of obesity screening for children.

  As of December 2008, states that have required some type of student BMI reporting are Arkansas, California (pilot program for diabetes risk assessment that included BMI measurement was replaced by statewide distribution of diabetes risk information in 2008), Delaware (piloting BMI as part of student

fitness testing), Florida, Illinois, Iowa (pilot program to track student height and weight), Missouri (required aggregate screening results), New York (requires school entry health certificates to include information about the student's body mass index), Pennsylvania, South Carolina (phasing in student fitness testing), Tennessee, Texas (screening as part of a student risk assessment program for Type 2 diabetes in selected regions of the state) and West Virginia. Some of these state requirements are aggregate BMI data reporting requirements, rather than requirements for individual BMI reports to parents. The Arkansas, California, Delaware, Missouri, South Carolina, Tennessee and West Virginia requirements were enacted legislatively. In Pennsylvania and Florida, state health departments require measuring BMI as part of annual student growth screenings. In Arkansas, the first state to enact BMI legislation in Act 1220 of 2003, legislation was enacted in 2007 to change the frequency of BMI screening from annual to every other year and to allow parents to submit a written refusal for their child to participate in BMI screening to the child's school. California enacted legislation in 2003 (AB 766, Cal. Ed. Code §49452.6) that required non-invasive screening of 7th grade (female) and 8th grade (male) students for type 2 diabetes risk including measurement of body mass index as one of four diabetes risk factors and the pilot program was renewed to 2008 when it was replaced by statewide distribution of diabetes risk information.
http://www.ncsl.org/Default.aspx?TabId=13883#BMI

In **Arkansas**, HB 1173, enacted in 2007, changed student BMI screenings to every other year, beginning in kindergarten and then in even numbered grades. It permits any parent to refuse to have their child's body mass index percentile for age assessed and reported, by providing a written refusal to the school. This bill exempts students in grades 11 and 12 from BMI requirements. (The Arkansas Act 1220 of 2003 required annual body mass index (BMI) screenings for all public school students, with the results reported to parents confidentially by letter via U.S. mail, as part of a more comprehensive approach that halted the increase of childhood obesity in the state.) Community health nurses are all assigned under its supervision to work with schools to assure that body mass index for age assessment protocols are followed by school employees or their designees who conduct body mass index for age assessments and other student health screenings.

In 2007, a study showed that the percentage of Arkansas children who were overweight or at risk of becoming overweight was 37.5 percent, down from 38.1 percent in 2004. University figures from a later study showed that 68 percent of parents and 85 percent of students said they were comfortable with the reports. That survey also found that the percentage of students reporting being teased because of their weight was 6 percent, half what it was two years earlier. One physician said that 13 percent of the children who come to her fitness clinic do so after getting the obesity report cards from school.

In **California**, state law requires school districts to administer a physical fitness test, designated by the State Board of Education, to all fifth, seventh, and ninth graders annually. The physical fitness test designated for California public school students is the FITNESSGRAM®. Commencing July 1, 2010, statewide distribution of diabetes risk information to school children (California Education Code § 49452.7) will replace individual student BMI reports to parents via confidential letter as part of a non-invasive diabetes screening pilot program for 7th and 8th graders.

Delaware is piloting a new law that requires physical fitness testing for students and includes measuring BMI as part of the testing in some local school districts. The law, HB 372, enacted in 2006, requires the Department of Education to develop a regulation requiring each local school district and charter school to assess the physical fitness of each student at least once at the elementary, middle and high school level and outlining the grades at which the assessment will be given. The assessment results are to be provided to the parent, guardian, or relative caregiver. The intent is to provide baseline and periodic updates for each student and his or her parent, guardian or relative caregiver sharing in the knowledge of obesity and other chronic illnesses.

Florida Statute § 381.0056(5) requires school health services programs administered jointly by the Department of Health and the Department of Education to administer growth and development screening for students. BMI is encouraged as part of these screenings for all students in 1st, 3rd, 6th and, optionally, 9th grades.

Illinois Administrative Code, Title 77, Subchapter i, Part 665, §665.710 and §665.720 requires that the results of a diabetes screening, including body mass index as one indicator of whether a child is overweight, be documented on the certificate of child health examination form for the required school health examination.

Iowa's SB 2124, enacted in 2006, established a nutrition and physical activity community obesity prevention grant program, contingent upon the receipt of public health funding. Funding was allocated as of July 2006. Pilot program activities in six locations were selected to receive grants and must include measurement, reporting, and tracking of the height and weight of students in elementary schools.

Maryland passed Senate Bill 329 in 2006 which established a process for schools to measure the body mass index for age (BMI for age) of public school students in the first, third, fifth, and eighth grades and to notify parents of the results. Aggregate results are to be sent to the Maryland State Department of Education (MSDE), where they are to be compiled for an annual report.

Missouri's legislatively established Model School Wellness Program, funded by Child Nutrition and WIC Reauthorization federal grant money, created pilot programs in school districts encouraging students to avoid tobacco use, balance their diets, get regular exercise, and become familiar with chronic conditions resulting from being overweight. A required evaluation after the 2005-2006 school year was to include aggregate data on changes in body mass index and measurement of changing behaviors related to nutrition, physical activity and tobacco use. (HB 568T, enacted 2005)

New York's AB 4308 (same as SB 2108 C), enacted in 2007, requires school entry health certificates to include the student's body mass index and weight status category as defined by the commissioner of health. Also, New York's SB 6804 which was enacted in 2008 made an appropriation of $1,980,000 to pay for expenses related to reporting body mass index on school entry physical forms.

In **Oklahoma**, House Bill 1699 created the RIGHTTRACK Act authorizing school districts to implement programs identifying children at risk for poor nutrition. This act requires school districts to have teachers available to provide nutrition instruction, to have school staff and volunteers trained in measuring body mass index (BMI), and to complete a BMI for age annually for students enrolled in kindergarten through grade nine. The school districts must then provide a confidential health report to the parent or guardian and transmit test results to RIGHTTRACK Oversight Committee. Senate Bill 519, which was enacted in 2008, directs the state's departments of education and health to facilitate development of a physical fitness assessment software program customized for public schools with the capability to track the five components of student health-related physical fitness, including: 1. aerobic capacity; 2. muscular strength; 3. muscular endurance; 4. flexibility; and 5. a weight status assessment that includes measurement of height and weight, calculation of body mass index (BMI) for age, and plotting of these measures on standard growth charts. This requires the software program to have the capability of creating a confidential individual student report for parents that includes an explanation of the data. In addition, requires the software program to be developed and made accessible to school districts at no cost.

The **Pennsylvania** state health department requires school nurses to compute body mass index for students in grades one through eight during annual growth screenings. BMI measurements were required for students in all grades as of the 2007-2008 school year. Parents receive letters about the BMI results that encourage them to share the information with their family physician.

South Carolina's legislature passed the Student Health and Fitness Act (HB 3499) in the spring of 2005. Among other provisions related to student health, nutrition, physical education and fitness, the law requires all K-12 schools in the state to participate in the South Carolina Physical Education Assessment and requires that fitness reports be sent home to parents in the 5th and 8th grades and high school. Body mass index screening is not specifically mentioned in the legislation.

Tennessee legislation, HB 445, enacted 2005, now Public Chapter 194, requires reporting student BMI to parents as part of a confidential health report card. These reports provide parents with basic information about what BMI means and also explain what they can do with the information. This encourages schools where BMI data suggest high rates of overweight to expand or implement school-based nutrition and physical activity programs.

Texas's SB 415 (Chapter 95, HB1363-identical companion bill) was enacted in 2007 and established a student risk assessment program for type 2 diabetes in certain regions of the state that includes screening of body mass index for students identified by a noninvasive screening as at risk for type 2 diabetes.

In **Vermont**, HB 887, enacted in 2008, requires the commissioner of health, among other items, to develop a plan for promoting measurement and tracking of body mass index (BMI) percentile for children and adolescents, such as through the collection of data relating to BMI, lack of physical exercise, and inappropriate diet and eating habits using the ICD-9-DM V-codes in the ninth edition of International Classification of Disease Codes.

In **West Virginia**, the legislation establishes physical activity requirements in public schools using BMI as an indicator of progress and includes BMI measurement in kindergarten screening procedures. Students in grades four through eight and those in high school physical education undergo BMI measurement in required fitness testing procedures. The legislation protects student confidentiality and requires that all BMI data be reported in aggregate to the governor, the State Board of Education, the Healthy Lifestyles Coalition, and the Legislative Oversight Commission on Health and Human Resource Accountability. Senate Bill 785, which was enacted in 2006, amends the state's current BMI measurement policy by requiring that only a scientifically valid sample of students be assessed.

Pros:

- Through DPI's three-year pilot project, the FitnessGram physical fitness test that was administered in volunteering middle schools was determined by the University of Wisconsin to be a good measure of fitness and a good indicator of diabetes risk.
- Schools will have access to regular assessment of their pupils' physical fitness and can use this data to best plan curriculum and structure physical activity for their student populations.
- The availability of this comprehensive, statewide data will fill a gap in current demographic and health data for school-aged children, therefore contributing to the public health evidence base and allowing public health practitioners and school administrators and staff to better design and implement prevention interventions. The existence of school- and district-specific data will allow for targeting of prevention programs and the best use of limited financial and personnel resources.
- The cost of software is relatively low for schools ($300: 1 site only) or school districts ($1,500-multiple sites) and many already have the software (approximately 40%).
- Data collected may be used by individual schools or districts to seek funding for health related programming or resources.
- Individual pupil data will be shared with parents, facilitating better school-parent communication and allowing parents to react as appropriate in addressing any concerns regarding child's fitness capacity/ability.
- 9.2 million children and youth lack health insurance and, thus, likely do not get adequate medical care, making free, school-based prevention a critical option (Story p121).

- Story: "In 2000, 26 percent of states required schools to screen students for height and weight or body mass; of these, 61 percent required them to notify parents of the results. Among school districts, 38 percent required such screening, of which 81 percent required parental notification. Taking these measures annually and converting them to an age and gender-specific BMI percentile for each child makes it possible to monitor individual children over time. It also provides an opportunity for **early intervention in obesity prevention**." (p111)
- The Robert Wood Johnson Foundation supported an independent evaluation of efforts to implement Arkansas Act 1220, which mandated a comprehensive approach to addressing childhood obesity in public schools. The Foundation also funded a separate initiative to analyze body mass index (BMI) data for all Arkansas public school students. Already, the BMI analysis has indicated that, in just three years, Arkansas has **halted the progression of the epidemic** in the state. Reports indicate that parents and adolescents are generally comfortable with the BMI assessment and reporting process. The evaluation also noted that no negative outcomes were found to be associated with the BMI assessment and reporting process.

Cons:

- Staff time is required on an annual basis to complete these assessments. Time and financial resources will be required for training. Although the software is only $300 per school site, there is a personnel cost for doing the administrative work of collecting the data and creating reports. Again, in many school districts, this is already being done.
- There will be financial and personnel costs at the Department of Public Instruction to collect and analyze the data at a central repository. That cost would be dependent on how automated the reporting process would be and amount and types of analysis that would be done with the data.
- A number of concerns have been expressed about school-based BMI screening programs, including that they might stigmatize students and lead to harmful behaviors. Other concerns are that these programs might be ineffective, waste scarce health promotion resources, and distract attention from other school-based obesity prevention activities. More research is needed to assess the validity of these concerns. http://www.cdc.gov/HealthyYouth/obesity/BMI/pdf/BMI_execsumm.pdf.

Summary & Preliminary Recommendation

Amend the bill to allow for sharing of data with the Department of Health Services to use for developing public policy and statewide interventions with the purpose of improving the health outcomes of children. The data from these tests should be de-identified and recorded as individual data for more accurate analysis by DPI and DHS.

In lines 14-17, an amendment should be added to include that the administrative rule also includes data collection and reporting. Administration and DPI should also collaborate with DHS on data collection.

The bill should specify use of all of the FitnessGram Software beyond aerobic capacity. Collection of height and weight, a quasi-situp abdominal strength test, a flexibility test, and an aerobic capacity test is ideal; however, *at minimum* the height, weight, and aerobic capacity results should be recorded. Page 3, Line 1 should specify that the assessment instrument include at a minimum the collection of height, weight and aerobic capacity.

SB 313: Effect on Existing State Law

This amendment will require public schools, charter schools, and private schools to ensure that physical fitness of pupils enrolled in grades 3 to 12 is assessed annually beginning 2010-11 school year. The assessment must include an evaluation of pupils' aerobic capacity based upon criterion – referenced standards that are specific to a pupil's age and gender and based on the physical fitness level required for good health.

Administrative Significance

The Department of Health Services recommends that data-sharing be extended to DHS, thus requiring an additional administrative procedure. This will require DPI to share data files with DHS after annual collection. As a partnership between DPI and DHS already exists for many programs and initiatives, this is not anticipated to

require significant changes in communication or relationship. DPI will be required to collect data from schools, organize, and submit to DHS.

Summary & Preliminary Recommendation

Amend the bill to allow for sharing of data with the Department of Health Services to use for developing public policy and statewide interventions with the purpose of improving the health outcomes of children.

Now is the Time

"Because of the increasing rates of obesity, unhealthy eating habits, and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents." [5]

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[1] 2009 Youth Risk Behavior Surveillance Survey (YRBSS)

[2] Finkelstein, EA, Fiebelkorn, IC, Wang, G. National medical spending attributable to overweight and obesity: How much, and who's paying? *Health Affairs* 2003;W3;219–226.

[3] United Health Foundation, American Public Health Association, & Partnership for Prevention (2009). The future costs of obesity: National and state estimates of the impact of obesity on direct health care expenses. Available at: http://www.americashealthrankings.org/2009/report/Cost%20Obesity%20Report-final.pdf.

[4] WI PE Survey results 2007

[5] Surgeon General Richard H. Carmona, MD: Testimony to US Senate, March 2, 2004

Nutrition Standards for Unhealthy Foods in Schools
Talking Points and Background Information

Unhealthy Food Access Harms Wisconsin Kids

- **If unhealthy foods and beverages are accessible in vending machines, school stores, and as a la carte items, kids will choose them over healthy options.** [1] Nearly all schools with a la carte programs (94 percent) sell drinks and snacks during the schools lunch period.

- **60% of Wisconsin middle and high schools sell unhealthy foods like soda, candy, chips, cookies, or snack cakes.** Twice as many of these schools sell sports drinks (71%) than fruits (39%) or non-fried vegetables (27%) in vending machines, or at the school store, canteen or snack bar. Only 14% of middle and high schools price nutritious foods and beverages at a lower cost than less nutritious foods.[2]

- **Unhealthy eating is a major cause of obesity and obese children are much more likely to be obese adults.** After age 6, obese children have a greater than 50% chance of becoming obese adults.

- **23% of WI high school students are already overweight or obese.**[3]

Inaction Is Costly

- **Obesity is a leading cause of many chronic diseases.** These chronic diseases including diabetes, cardiovascular disease, and some cancers.

- **The estimated health care cost attributable to obesity in WI adults is $1.5 billion.**[4] .

- **If the obesity rate in WI continues to climb at its current rate, costs are projected to quadruple within the next decade.** [5]

Wisconsin Needs Standards for School Vending, A la Carte Lines, & School Stores (i.e., Items Sold Outside of the National School Lunch Program)

- **Students consume between 1/3 and 2/3 of their daily meals and snacks at school.**

- **Nutrition standards will replace junk food access with healthy options.** Schools participating in the National School Lunch Program were required to establish a school wellness policy by the 2006-2007 school year. These wellness policies were to address foods of minimal nutritional value (e.g. candy, cookies, chips), but Wisconsin currently has no means of enforcing these local school wellness policies.
- **Good nutrition is essential for obesity prevention and healthy growth and development.** Purchasing of competitive food items is associated with higher energy (calorie) intakes and higher consumption of fat. [8] Ludwig, et al. found that for every can of regular soda, a child's chance of becoming obese increased by 60%.[11] Briefel, et al. found that attending a school without stores or snack bars was estimated to reduce sugar-sweetened beverage consumption by 22 calories per school day in middle school school children and 28 calories per day in high school children.[12]
- **Good nutrition boosts academic achievement.**[6] Research shows that healthy, well-nourished children are more prepared to learn, more likely to attend school and class, and able to take advantage of educational opportunities.[7]

Nutrition Standards for Unhealthy Foods in Schools
Talking Points and Background Information

It Can Be Done in Wisconsin

- **Twenty-seven other states and several school districts have adopted similar policies.**[8] In addition to legislation, the Institute of Medicine and the American Dietetic Association also recommend that competitive foods be limited in schools.[8,9] Organizations such as the Alliance for a Healthier Generation (William Clinton Foundation) are also striving to put healthy foods and beverages in vending machines and cafeteria snack bars.
- **Schools can maintain or increase revenue from the sale of healthful foods and beverages.**[10] CDC's *Making It Happen!* program altered the food environment in schools through activities including regulating and limiting access to competitive foods. The program has demonstrated positive results: students *will* buy and consume healthy foods and schools *can* gain revenue from selling healthier foods. Of the 17 schools and school districts in *Making It Happen!* that reported sales data, 12 increased their revenue as a result of the changes, and four reported no change.

Now is the Time

- **Limiting junk food in schools is a feasible and effective way to improve student health without harming schools.** The Robert Wood Johnson Foundation states that the majority of intervention research related to sales of school snacks and drinks have focused on environmental changes to improve the quality of students' food choices. Results from these studies have indicated that interventions to improve the school environment are feasible and effective and may be implemented without reducing school revenue.[1]

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School Foods Sold Outside of Meals (Competitive Foods)

Healthy Eating Research
Building evidence to prevent childhood obesity

A Research Brief, May 2007

The school food environment can have a large impact on children's and adolescents' dietary intake because up to 50 percent of total daily energy intake can be consumed at school.[1] Foods and beverages at school are typically available through the formal school breakfast and lunch programs and through foods and beverages sold outside of the federal school lunch and breakfast programs in venues such as vending machines, a la carte offerings in the cafeteria, snack bars, school stores and fundraisers. While school breakfasts and lunches must meet federal nutrition standards to receive federal subsidies, foods sold outside of those programs are largely exempt from such requirements. However, state and local authorities can impose additional restrictions. In response to concerns over rising rates of childhood obesity, there has been increasing attention focused on the need to establish school nutrition standards and restrict or limit access to low-nutrition, high-calorie competitive foods and beverages. The purpose of this research brief is to present an overview of the research on foods sold outside of the federal meal programs.

What are competitive foods?

The term "competitive foods" refers to all foods and beverages available or sold in schools with the exception of items served through the national school lunch and breakfast programs. They are called competitive foods because they compete with the nutritionally regulated school meal program. Parents and children don't think of them as competitive foods; to them these foods are "snacks and drinks" purchased outside of the regular meals provided by the school. This research brief will use the terms "competitive foods" and "snacks and drinks" to mean the same thing (i.e., foods sold outside of meals).

Federally reimbursable school breakfast and lunch programs must adhere to standards requiring lunches to provide one-third and breakfasts to provide one-fourth of the Recommended Dietary Allowances (RDA) for protein, vitamin A, vitamin C, iron, calcium and calories. In addition, these meals must meet the Dietary Guidelines for Americans and, therefore, must provide no more than 30 percent of calories from fat and less than 10 percent of calories from saturated fat. But snacks and drinks sold beyond these programs are not required to meet any such standards.[2]

The legal authority of the U.S. Department of Agriculture (USDA) to regulate competitive foods is very limited. Regulations limit only the sale of foods of minimal nutritional value (FMNV).[2]

- FMNV are defined in federal regulations as having less than 5 percent of the RDA per serving for eight key nutrients and include soft drinks, water ices, chewing gum and certain candies.[2] FMNV cannot be sold in foodservice areas during meal periods but may be sold anywhere else in a school at any time.
- All other competitive foods (e.g., chips, ice cream, cookies) offered for individual sale are not under USDA authority. Starting with the 2006-2007 school year, every school participating in the federal meals programs is required by law to have a wellness policy that includes nutrition guidelines for competitive foods. However, this law does not require that schools make their guidelines more restrictive than current USDA policy.[3]

Robert Wood Johnson Foundation

What is the current research on the availability, nutritional content and impact of snacks and drinks in elementary, middle and high schools?

Availability

The availability of competitive foods in U.S. schools has been increasing. A 2003-2004 nationally representative study found nearly nine out of 10 schools sell competitive foods. Availability is greatest in high schools and middle schools, but access is common at all school levels through different venues, including a la carte lines, vending machines, snack bars and student stores.[4]

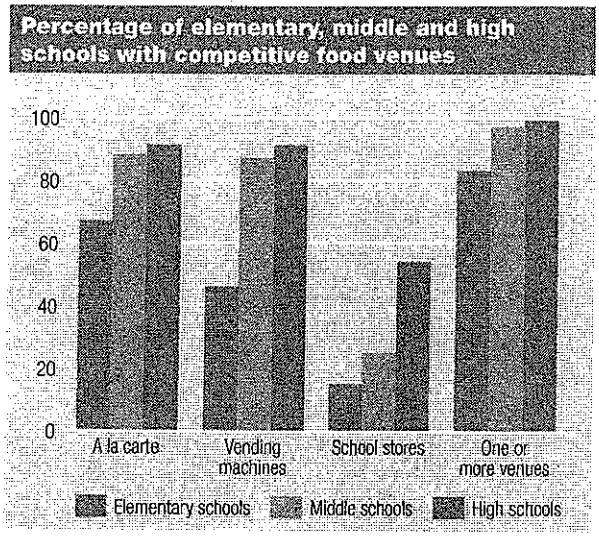
These venues often sell competitive foods in or near the foodservice area. Nearly all schools with a la carte programs (94 percent) sell snacks and drinks in the cafeteria during the lunch period. Among schools with vending machines or a school store, one-half sell competitive foods in or near the cafeteria, and one-third allow students to make purchases during the lunch period.[4]

Schools with snack or beverage vending often have several machines located throughout the campus. A national survey found that the number of machines in schools ranged from 1 to 25. In general, secondary schools had more machines than elementary schools, and schools operated more beverage than snack vending machines.[4]

Soft drinks and other beverages sold in vending machines are often provided under an exclusive beverage contract. In 2003-2004, nearly 75 percent of high schools, 65 percent of middle schools, and 30 percent of elementary schools had exclusive beverage contracts. Such contracts, which grant a company the exclusive right to sell beverages in a school, may provide incentives to schools based on the amount of beverages students consume.[4-6]

Three soft-drink companies that control more than 90 percent of school beverage sales announced in May 2006 voluntary guidelines to limit portion sizes and reduce the number of calories available to school children during the school day.[7] Under the agreement, to be implemented fully by the year 2009, companies will sell only water, low-calorie drinks (e.g., diet soda), 100 percent juices, sports drinks and low-fat milk to schools. The agreement specifies that only water, juices and milk will be sold in elementary schools and middle schools. In high schools, sports drinks and diet sodas would be permitted. Portion sizes sold will be limited to eight ounces in elementary schools, 10 ounces in middle schools, and 12 ounces in high schools.

In addition to selling competitive foods in school stores, vending machines and a la carte, 40 percent of schools allow on-campus fundraisers to sell competitive foods such as chocolate bars and other candy.[4]



Reference 4

Currently, few schools have policies to regulate sales of competitive foods. A 2004 survey of the largest school district in every state and Washington, D.C., found only 39 percent had policies restricting sales. The majority of policies prohibited the sale of soft drinks in schools (63 percent) and had criteria for the nutritional content of foods and beverages (74 percent). However, no policies restricted the foods sold for fundraising after school or concession sales. Only 32 percent of policies recommended monitoring for compliance, and a mere 10 percent included consequences for non-compliance.[8]

Nutritional content

A wide variety of snacks and drinks are available in schools, from nutrient-dense items such as low-fat milk, vegetables and fruit to less healthful choices such as potato chips and high-fat desserts. Although most schools that sell competitive foods offer some nutritious food and beverage options, less nutritious alternatives are also common.

The quantity and variety of foods and beverages high in sugar, salt and fat that are available in middle and high schools tend to be greater than what is offered in elementary schools. Salty snacks, sweet baked goods, sugared soft drinks and candy are available in at least one-third of secondary schools that offer competitive foods, but in less than one-third of such elementary schools.[4]

Nearly all middle schools (88 percent) and high schools (91 percent) offer competitive foods a la carte. A la carte programs may offer students the opportunity to purchase individual components of a reimbursable school meal or other items offered strictly for individual purchases.[4]

- Although many types of foods commonly available through a la carte programs are nutritious (e.g., fruit and low-fat milk), the availability of a large number of high-fat foods through such venues also has been documented.

- One study describing the food environment in 20 Minnesota secondary schools found that only one-third of the foods available met the lower-fat criterion of 5 or less fat grams per serving. Fruits and vegetables represented less than 5 percent of the items offered.[9]

The proportion of middle schools (87 percent) and high schools (91 percent) that offer competitive foods through vending machines is high, and the types of food available through this venue are often of low nutritional quality. One study that surveyed the contents of 1,420 vending machines in 251 urban and rural secondary schools around the country observed that the most prevalent options available are soft drinks, fruit drinks containing less than 100-percent juice, candy, chips, cookies and snack cakes.[10]

- In this study, 70 percent of the beverage options available were high in sugar, such as soft drinks, fruit drinks, iced tea and sports drinks. Only 12 percent of the beverage slots were for water, and only 5 percent were for milk. The majority (57 percent) of the milks offered were not low in fat.[10]

- The proportion of snack slots offering nutritious choices was similarly low. Less than 1 percent of snack slots contained a fruit or vegetable, and only 7 percent of slots contained a fruit drink with more than 50 percent real juice. The highest proportion of slots were filled by candy (42 percent), chips (25 percent) and sweet baked goods (13 percent).

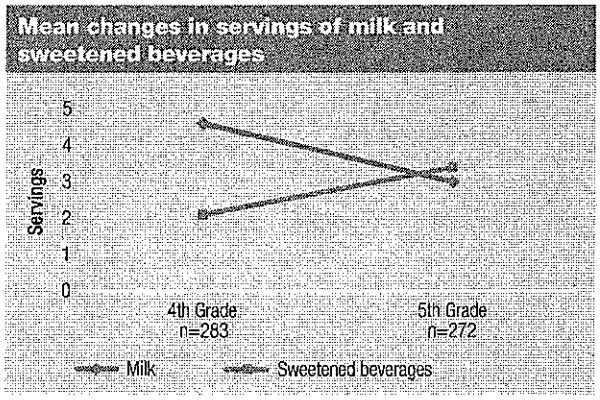
Fast-food use among young people is a particular concern, as frequent consumption has been related to weight gain and higher intakes of energy, total fat, saturated fat and sodium.[11-13]

- At least one study has indicated that fast-food restaurants tend to cluster in areas within walking distance of schools.[14] These restaurants are located conveniently for students who may be looking for a low-cost breakfast on the way to school or for a snack on the way home.

- Surveys indicate that many secondary schools also have contracts with fast-food vendors to sell brand name products from restaurants such as Taco Bell and Domino's Pizza in their own cafeteria or foodservice area.[8, 15]

Impact

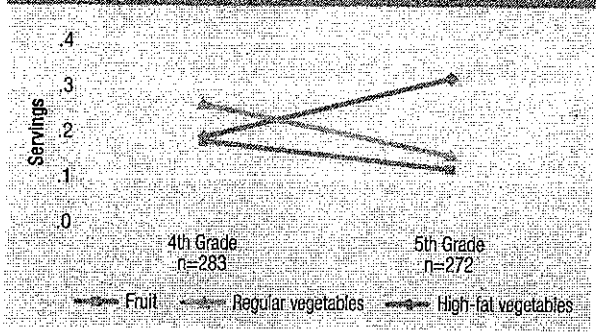
At least four studies have related the availability of snacks and drinks sold in schools to higher intakes of total energy (kcalories), soft drinks, total fat and saturated fat, and lower intakes of key nutrients (e.g., calcium, vitamin A), fruits, vegetables and milk.[16-19]



Reference 17

- One longitudinal study among 594 fourth- and fifth-grade students showed that, as fourth-grade students transitioned from elementary school to middle school and gained access to school snack bars at lunch, they decreased their consumption of fruits by 33 percent, regular (not fried) vegetables by 42 percent and milk by 35 percent. The study also found that students gaining access to snack bars increased their consumption of sweetened beverages (e.g., soft drinks) and high-fat vegetables (e.g., french fries and tater tots).[17]

Mean changes in servings of fruits and vegetables



Reference 17

- Another study among 598 seventh-graders in 16 Minnesota schools similarly found the availability of a la carte programs and snack food vending to be associated with lower intakes of fruits and vegetables. In addition, this study reported a la carte availability was positively associated with intakes of total and saturated fat.[18]

Other research has further demonstrated the impact of school food policies and practices on students' food choices and weight status.

- A cross-sectional study among 1088 high school students from 20 schools observed that school food policies that limit access to foods high in fats and sugars are related to less frequent student purchases of these foods at school. For example, in schools where soft drink machines were turned off during the lunch period, students purchased 0.5 fewer soft drinks per week compared with student purchases in schools where soft drink machines were left on during lunch.[20]

- Researchers also have related the number of food practices (e.g., the use of food as incentives and rewards) permitted by a school to higher body mass index (BMI) in secondary students. In a study among 3088 eighth-graders, students' BMIs increased by 0.10 BMI units for every additional food practice permitted in their school. The results of this study suggest that regular exposure to common school food practices increases risk for weight gain among students.[21]

Schoolwide Food Practices Associated with Body Mass Index

1. Students are allowed to have food in the classroom.
2. Students are allowed to have beverages in the classroom.
3. Students are allowed to have snacks in the hallways.
4. Students are allowed to have beverages in the hallways.
5. Food and beverage coupons are used as rewards or incentives for students.
6. Food sales are used for classroom fundraising.
7. Food sales are used for schoolwide fundraising.

Reference 21

What is the current research on evaluating programs or policies to improve the school food environment?

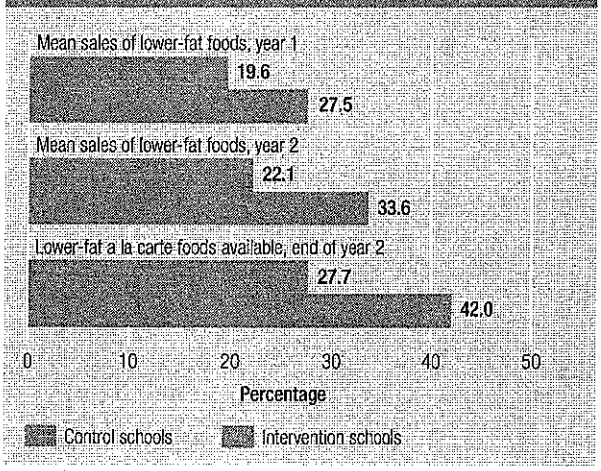
Intervention research relating to sales of school snacks and drinks has tended to focus on environmental strategies for improving the nutritional quality of students' food choices.[22-27]

The majority of these studies indicate that interventions designed to improve the school nutrition environment are feasible and effective and may be implemented without reducing school revenues. Three studies have reported that competitive pricing and promotions can lead to increases in student purchases of fruits, vegetables and low-fat foods.[24-27] A single study that evaluated a policy requiring school snack bars to offer only individual portions of foods and beverages also has demonstrated that changes in school food policies could produce reductions in energy intake and potentially reduce excess weight gain over time.[22]

Few multicomponent research studies have intervened on competitive food choices in schools.[24, 28] However, the available evidence suggests that the greatest gains in student consumption of nutritious foods and beverages are achieved when multiple strategies are combined to promote healthy choices.

- An evaluation of the Teens Eating for Energy and Nutrition at School (TEENS) program showed that students in the seventh and eighth grades who were exposed to the most program components had higher intakes of fruits, vegetables and other nutritious low-fat foods when compared with students exposed to fewer components. This program used several strategies to reach students, including peer-led classroom education; take-home activities for students to complete with their families; increased availability of healthy foods in the cafeteria; promotions for healthy foods on the lunch line, on the a la carte line and in vending machines; and the development of school nutrition policies with input from students.[28]
- The Trying Alternative Cafeteria Options in Schools (TACOS) nutrition intervention demonstrated the effectiveness of combining competitive pricing with student-led promotions to increase sales of lower-fat foods and change student norms about eating healthy foods. Ten participating secondary schools were assigned to the intervention, and 10 schools were assigned to serve as controls for two years. Comparisons showed that intervention schools increased the availability of lower-fat foods and that the mean percentage of lower-fat food purchases was greater among intervention schools than among control schools. Further, students from intervention schools were more likely than students from control schools to report that it is easy to purchase lower-fat foods and that their friends usually buy lower-fat foods in the school cafeteria.[24]

A la carte availability and sales in intervention and control schools (TACOS Study)



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About Healthy Eating Research

Healthy Eating Research is a national program of the Robert Wood Johnson Foundation. Technical assistance and direction are provided by the University of Minnesota School of Public Health under the direction of Mary Story, Ph.D., R.D., program director, and Karen Kaphingst, M.P.H., deputy director. The Healthy Eating Research program will support research to identify, analyze and evaluate environmental and policy strategies that can promote healthy eating among children and prevent childhood obesity. Special emphasis is given to research projects that benefit children in low-income and racial-ethnic populations at highest risk for obesity.

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The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

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